

<b>Case Number:</b>	CM14-0008045		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female sustained an injury to her low back on 10/01/07 due to cumulative injuries involving her customary job requirements and duties. Electrodiagnostic studies were performed on 03/01/13 that revealed normal, but incomplete study as the patient did not want to proceed with the electromyography needle portion of the examination. There was no electrodiagnostic evidence focal nerve entrapment or generalized peripheral neuropathy affecting the lower limbs. Lombardic allopathy cannot be ruled out given the limited study. Playing radiographs revealed anterior fusion at the L4-5 and L5-S1 level. This was also noted on a MRI the lumbar spine was performed on 01/07/12. CT scan of the lumbar spine without contrast has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **CT SCAN OF THE LUMBAR SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, CT Section.

**Decision rationale:** The request for CT scan lumbar spine without contrast is not medically necessary. The previous request was denied on the basis that the medical information submitted did not indicate the presence of any progressive neurological deficits or significant change in symptoms that would meet medical necessity of the requested imaging modality. The failure of conservative treatment including physical therapy notes was not documented. There were no focal neurological deficits on physical examination. There was no mention that his surgical intervention was anticipated. There was no indication of decreased motor strength, increased sensory or reflex deficits. There were no other 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for CT scan lumbar spine without contrast has not been established.